SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND REE TO:

Bayfield County Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN Date Stamp (Received)

Bayfield Co. 122013 Zoning Dept

Refund:

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Date Amount Paid THE STATE OF \$3.00°1

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT of Completion
* include Authorized Agent: (Person TYPE OF PERMIT REQUESTED- X LAND USE Non-Shoreland ☐ Shoreland Address of Property Proposed Construction: Existing Structure: Municipal Use Residential Use donated time & Value at Time 77940 DW 1/4, PROJECT LOCATION I (we) declare that this application (including any accompanying ir am (are) responsible for the detail and accuracy of all information may be a result of Bayfield Courty relying on this information 1 above described property at any passonable tipe for the purpose Commercial Use Proposed Use Section DIE hery ڻ۲ X New Construction
☐ Addition/Alteration act (If permit being applied for is relevant to it) Run a Business on (What are you applying for) ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes.—continue ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes--Legal Description: (Use Tax Statement) Conversion
Relocate (existing bldg) Property Spring Application on behalf of Owner(s)) , Township Project 1/4 DONT 49 Principal Structure (first structure on property Residence (i.e. cabin, hunting shack, etc.) Other: (explain)_ Special Use: (explain) Conditional Use: (explain) Addition/Alteration (specify) Mobile Home (manufactured date) Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or **Accessory Building** Accessory Building Addition/Alteration FAILURE TO OBTAIN A PERMIT <u>or</u> STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES ny accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correc sy of all information I (we) am (are) providing and that it will be relied upon **of Bayfigld County** in determining whether to issu OUNSON Coad N, Range and/or basement No Basement with a Deck with (2nd) Deck with Attached Garage with (2nd) Porch with a Porch with Loft # of Stories Basement 2-Story 1-Story + Loft Slab Foundation 60 Lot(s) SANITARY | PRIVY | Mailing Address: (specify) City/State/Zip: Tron Rive PIN: (23 digits) 04-0 36-2・49-09-25・2-02 115-439-3272 Agent Phone: ٤ Proposed Structure Length: Length: □ **汉** continue Seasonal Year Round Use Town of: Vol & Page Orienta 470Th ave Ellsworth (spec HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) Plum Mark Schoeder
Agent Mailing Address (include City/State/Zip): CONDITIONAL USE SPECIAL USE 36 Distance Structure is from Shoreline: × Distance Structure None w 2 cooking & <u>Q</u> Lot(s) No. #. 3 food Width: Width: ☐ (New) Sanitary X Sanitary (Exists) -000-1000¢ 4845 Portable (w/serv Compost Toilet None Block(s) No. Privy (Pit) Municipal/City etermining whether to issue a perricals charged with administering is from Shoreline: prep facilities Sewer/Sanitary System Is on the property? N Q 9 1045 JUN What Type of Volume Lot Size Recorded Document: (i.e. Property Ownership) Subdivision: teet Specify Type: Specify Type: Vaulted (min 200 gallon **Dimensions** Is Property in Floodplain Zone? B.O.A × $\times |\times|$ × × × ×× Height: Height:ン X No □ Yes 395/6 Plumber Phone: 715-594-379 Written Authorization . I (we) acknowledge that I (we) we) further accept liability which rdinances to have access to the 0/2 715-213 715-821-3473 Attached Cell Phone: Telephone Page(s) OTHER □ No 0 スなのでは、 Are Wetlands Footage Square Pook X N S 3790 X Well 58483 Water Yes City

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Admeso sessions from

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Secretarial Staff

Owner(s):

listed on

the Deed All Owners

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Date

Date

rfield County in det

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Ellswork WI Attach
Copy of Tax State
only purchased the property send your Statement your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Yes Yes (ell (W))	Hold For TBA: Hold For Affidavit: Hold For Fees: X 175.00 X EXCHANGE STATES	Hold For Sanitary:
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riveway and (*) Frontage Road (Name Frontage Road) sker; (*) Render (St.); (*) Dania Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) ker; (*) Render (*) Septe over 20% **Special Cabin** **Cornel of the Month of the Cornel of the Act of the Act of the Special Cabin** **Cornel of the Month of the Cornel of the Special Co	8	-
in (*): (*) Drivery and (*) Frontage Road (Name Frontage Road) It besting Structures on your Propers, All besting Structures on your Propers, (*) Weld and your (*) Septic Tank (ST), *† Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (*) (*) Weld and your (*) Suppes over 20% ** ** ** ** ** ** ** ** ** ** ** ** **	cal Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: 05 510 # of had nooms: Sanitary Sanitary Number: 2665 200	Issuance Information (Cour
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of (*): (*) Directory and (*) Formage Road) All Existing Structures on your Property (*) Well (!!) (!) Septic. Tank (!!) Holding Tank (!!) Holding Tank (!!) and/or (*) Privy (!?) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Welstands; or (*) Stopes over 20% **Thruching or (*) Stream/Creek; or (*) Pond (*) Welstands; or (*) Stream/Creek **Thruching or (*) Stream/Creek **Thruching or (*) Pond **Thruching or (*) Privy **Proposed Calbin **Thruching or (*) Privy **Thruching or (*) Privy **Proposed Calbin **Thruching or (*) Privy **Proposed Calbin **Thruching or (*) Privy **Thruching or (*) Privy **Thruching or (*) Privy **Proposed Calbin **Thruching or (*) Privy *	the boundary line from which the setback must be measured must be visible from one previously surveyed	Setback to Privy (Portable, Comp
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Contractor